

File

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>9</u> <u>7</u> <u>0</u> <u>0</u> <u>4</u>	2. STATE: MA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Title XIX	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 1/1/97	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

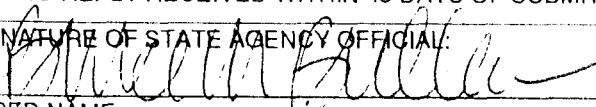
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 435.232	7. FEDERAL BUDGET IMPACT: a. FFY _____ \$ _____ b. FFY _____ \$ _____
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 4 of Attachment 2.6-A	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same

10. SUBJECT OF AMENDMENT:

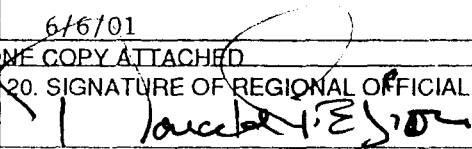
Post Eligibility Treatment of Institutionalized Individuals

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☒ OTHER, AS SPECIFIED:
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Not Required under 42 CFR 430.12(b)(2)(i)

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Bridget Landers Coordinator, State Plan 600 Washington St., 3rd Floor Boston, MA 02111
13. TYPED NAME: Bruce M. Bullen	
14. TITLE: Commissioner, Division of Medical Assistance	
15. DATE SUBMITTED: 3/31/97	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 3/31/97	18. DATE APPROVED: 6/6/01
19. PLAN APPROVED - ONE COPY ATTACHED	
21. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/97	20. SIGNATURE OF REGIONAL OFFICIAL: 
22. TYPED NAME: Ronald Preston	22. TITLE: Associate Regional Administrator Division of Medicaid and State Operations
23. REMARKS:	

Citation	Condition or Requirement								
435.725 435.733 435.832	<p>B. <u>Post-Eligibility Treatment of Institutionalized Individuals</u></p> <p>The following amounts are deducted from gross income when computing the application of an individual's or couple's income to the cost of institutional care:</p> <p>1. Personal Needs Allowance.</p> <p>a. Aged, blind, disabled--</p> <table><tr><td>Individuals</td><td>\$ 60</td></tr><tr><td>Couples</td><td>\$ 120</td></tr></table> <p>* The personal needs allowance for SSI recipients in nursing facilities and chronic disease hospitals is \$65 per month</p> <p>* For the following individuals with greater need--</p> <p>* Amount paid to veteran pursuant to Section 8003, not in excess of \$90 per month</p> <p>b. AFDC related--</p> <table><tr><td>Children</td><td>\$ 60</td></tr><tr><td>Adults</td><td>\$ 60</td></tr></table> <p>c. Individuals under age 21 covered in this plan as specified in Item B.7. of <u>ATTACHMENT 2.2-A</u>. \$60.00</p>	Individuals	\$ 60	Couples	\$ 120	Children	\$ 60	Adults	\$ 60
Individuals	\$ 60								
Couples	\$ 120								
Children	\$ 60								
Adults	\$ 60								
435.725 435.733 435.832	<p>2. For maintenance of the non-institutionalized spouse only. The amount must be based on a reasonable assessment of need but must not exceed the highest of --</p> <table><tr><td>SSI level</td><td>\$</td></tr><tr><td>SSP level</td><td>\$</td></tr><tr><td>Medically needy level</td><td>\$</td></tr><tr><td>Other as follows</td><td>\$ 1976 per provisions of Section 1924(d) of the Act</td></tr></table>	SSI level	\$	SSP level	\$	Medically needy level	\$	Other as follows	\$ 1976 per provisions of Section 1924(d) of the Act
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